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Alison Lundergan Grimes  
 Kentucky Secretary of State  
 Received and Filed:  
 6/6/2014 3:29 PM  
 Fee Receipt: \$40.00



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**Division of Business Filings**  
**Business Filings**  
 PO Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

Articles of Organization  
 Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

DJGN Lexington, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

55 Elsmar Ave.

Ft. Thomas

KY

41075

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is Thomas R. Yocum

Article III: The mailing address of the limited liability company's initial principal office is

401 West Main St., Ste. 102

Lexington

KY

40507

Street Address or Post Office Box Number

City

State

Zip Code

Article IV: The limited liability company is to be managed by (must check one):



A. a manager(s).




B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

(Delayed effective  
date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

  
 Signature of Organizer

Bradford C. Weber, Attorney  
 Printed Name & Title

06-06-2014  
 Date

Signature of Organizer

Printed Name & Title

Date

I, Thomas R. Yocum

Print Name of Registered Agent

consent to serve as the registered agent on behalf of the limited liability company.

  
 Signature of Registered Agent

Thomas R. Yocum  
 Printed Name

06-06-2014  
 Date